

Personal Information Sheet

Rate/Rank: _____ Date: _____

CG Member Name: _____

Telephone Number: _____

Emergency Contact: _____

Emergency Contacts Phone Number (not unit's number): _____

The following information is completely VOLUNTARY. If you would not like any other information given to your ombudsman please sign the bottom of this document and turn it in to your admin.

Would you like any family members added to the NEWSLETTER, EMAIL or TELEPHONE list? (This can include Spouses, Parents, Grandparents, Children, Close Friends, Girl/Boy Friends, etc.) If so, add their name and appropriate information below. If more room is need for names, please use back of the paper.

Please print Clearly:

Name: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

Please print Clearly:

Name:

Phone Number:

Email Address:

Mailing Address: _____

Please print Clearly:

Name:

Phone Number:

Email Address:

Mailing Address: _____

Do you have Children? (Y/N)

What are their names and birth dates? (This information will be used for the newsletter)

Child's Name

Age

Are you married?: (Y/N)

Spouse's Name: _____

Would your spouse like to organize or be involved in family or unit gatherings? (Y/N)

What would you like to see your Ombudsman do for you and your family?

Signature: _____

Your OMBUDSMAN can be reached through CAMSPAC Admin Department at (415)
669 2003